

FY

Amendment #, If Applicable:

If Federal Funds, CFDA #:

for internal DMR use) within FY amendment #:

ATTACHMENT 1: PROGRAM COVER PAGE**PROGRAM INFORMATION**

Contractor Name:	Department of Mental Retardation
Program Type:	Document ID #
Program Name:	UFR Program #:
Program Address:	MMARS Program Code:
City/State/Zip	Other Reference Information (Information Purposes Only):
Contact Person:	Contact Person:
Telephone:	Telephone:

RFR INFORMATION: Attached legislative exemption RFR Reference # emergency collective purchase interim amendment

SCOPE OF SERVICES: Bidders Response Attached Description of Services Attached

TOTAL ANTICIPATED CONTRACT DURATION: to

INITIAL DURATION: to

OPTIONS TO RENEW: options to renew for years each option

FISCAL TERMS

	FUNDING SUMMARY					
	Prior Years		Current Year		Future Years	
	FY	Amount	FY	Amount	FY	Amount
PRICE IS ESTABLISHED THROUGH: (CHECK 1,2, OR 3)						
OPTION 1: PRICE AGREEMENT (list price)						
\$						
rate regulation (if any)						
OPTION 2: SUMMARY BUDGET (* lines only)						
unit rate						
cost reimbursement						
other						
OPTION 3: COMPLETE BUDGET						
cost reimbursement						
unit rate						
other						
	Tot:		Tot:		Total: \$	
	Multi-Year Total:					
CURRENT MAX OBLIGATION:\$	UNIT RATE:\$		per		# BILLABLE UNITS:	
ADDITIONAL PAYMENT OR PRICE SPECIFICATIONS:						

SOURCE	AMOUNT
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If Federal Funds, CFDA #:

[illegible]

01/17/01



FY _____ Contractor Name _____ Amend #, If Appl.: _____ If Federal Funds, CFDA #: _____
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ATTACHMENT 4: RATE CALCULATION/MAXIMUM OBLIGATION CALCULATION PAGE

Modified Attachment 4: to be used with all Dept. of Mental Retardation contracts

Program Name:	Document ID#:	MMARS Code:	Program Type	UFR Prog. #
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AMENDMENT #, IF APPLICABLE: _____

UNIT RATE CALCULATION

- | | <u>Source</u> | <u>Amount</u> |
|----------------------------------------------------------------------------------------|---------------|----------------------|
| 1. Program Total Costs: | | |
| 2a(1). Program offsets applied to occupancy and meals: | _____ | _____ |
| | _____ | _____ |
| 2a(2). Program offsets applied to non-occupancy and meal items | _____ | _____ |
| | _____ | _____ |
| 2b. Offsets for Non-Reimbursable Costs: _____ | | |
| Note: Total non-reimbursable costs listed in line 2b must be detailed on Attachment 5. | | |
| 2. Subtotal Offsets (Line 2a(1) + Line 2a(2) + Line 2b) | | (_____) |
| 3. Net Adjusted Program Costs (LINE 1 minus LINE 2) | | _____ |
| 4. Total Program Capacity _____ (# of units) | | _____ (Type of unit) |
| 5. Share of Total Capacity Purchased by Contract _____ (# of units) | | _____ (% of line 4) |
| 6. Negotiated Utilization Factor, if any _____ | | |
| 7. Adjusted Capacity Used to Establish Price (LINE 4 x LINE 6) _____ (# of units) | | |
| 8. Unit Rate (LINE 3 DIVIDED BY LINE 7) | | _____ |
| 9. Maximum # of Billable Units (LINE 5 x LINE 6) | | _____ |

OTHER PRICE CALCULATION METHOD

10. Enter relevant information: _____

MAXIMUM OBLIGATION CALCULATION

11. For Unit Rate: Line 8 X Line 9
For Other Price Calculation Method, Enter Obligation From Line 10
For Cost Reimbursement: Enter Reimbursable Cost Total From Program Budget

- | | | |
|----------------------------------------------------------------|---------------|---------------|
| 12. Invoice Offset | <u>SOURCE</u> | <u>AMOUNT</u> |
| | | |
| 12. Subtotal | | (_____) |
| 13. Maximum Obligation for the Program (LINE 11 minus LINE 12) | | |
| 14. Capital Budget (from Capital Budget Form), if applicable | | ===== |
| 15. Total Maximum Obligation for Program (LINE 13 + LINE 14) | | |

FOR INFORMATION ONLY:

Other Revenue Sources (Only if % in LINE 5 is less than 100%)

SOURCE AMOUNT

FY

Contractor Name:

AMENDMENT #, IF APPLICABLE:

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ATTACHMENT 5: NON-REIMBURSABLE COST PROGRAM OFFSET SCHEDULE

Program Name:	Document ID#:	MMARS Program Code:	Program Type	UFR Prog. #
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Program Component	State and/or Federal Reg.	Non-Reimbursable Cost	Source of Funds for Offset	Related Party (yes/no)	Name of Related Party
1. <u>Direct Care/Program Support Staff</u>					
		\$			
		\$			
		\$			
2. <u>Other Direct Care</u>					
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
3. <u>Occupancy</u>					
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
4. <u>Administrative Support</u>					
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
SUBTOTAL		<u>\$</u>			

Note: Subtotal must reconcile to line 2b on the Rate Calculation Page for Unit Rate & Accommodations Purchase budgets; or, to LINE A on the bottom of the budget page for Cost Reimbursement budgets.

FY _____

Contractor Name: _____

* If Federal Funds, CFDA #: _____

PURCHASE OF SERVICE ATTACHMENT 6: CAPITAL BUDGET:
For Purchase Of Capital Assets With Commonwealth Funds

Program Name:		Document ID#:	MMARS Program Code:	Program Type		UFR Prog. #
Item to Be Purchased	Need For Item			Quantity	Estimated Unit Cost	Estimated Total Cost

DEPARTMENT USE ONLY: Check the appropriate box:

Total Cost: _____

Capital items purchased by the Contractor: ☐

Capital items purchased by the Commonwealth (object code M11): ☐

Only capital items, as defined in 808 CMR 1.05(4)(a), may be procured through a capital budget with Commonwealth funds. The following are not eligible to be procured through this capital budget: capital items defined under 808 CMR 1.05(4)(b) which includes capital items that are not moveable, an asset or group of assets that are below the Contractor's capitalization level, or items not approved by the Department. Title to all capital items purchased by the Contractor through this capital budget shall vest with the Contractor (with certain restrictions). Title to all capital items purchased by the Commonwealth through this capital budget and the M11 object code shall vest with the Commonwealth.

* Pursuant to the provisions of OMB Circular A-122 a capital budget that utilizes federal grant funds to acquire capital items for use in programs receiving any federal grant funds may not be used unless the Department receives prior written approval from the Federal awarding agency(ies). Capital items of furnishings and equipment purchased with Commonwealth funds that are to be owned by the Contractor and used in programs receiving federal grant funds may only be acquired using a capital budget if the revenue and expense associated with the capital items are budgeted and disclosed in the UFR as a separate revenue and cost category of the program.

Use of assets acquired with Commonwealth funds should be clearly disclosed in the financial statements. The asset(s) should be disclosed on the UFR Balance Sheet in the plant fund if the Contractor holds title or in the Custodian fund if the Commonwealth holds title. The revenue derived from the capital budget when the asset is purchased should be disclosed in program services on the UFR Statement of Activities and in the appropriate program(s) on the Supplemental Revenue Schedule A. Capital assets, whether owned by the Contractor or the Commonwealth, should be depreciated and disclosed in Supplemental Expense Schedule B and Schedule B-1 as a non-reimbursable cost when incurred, using the schedule of service lives issued by the Operational Services Division. See also 808 CMR 1.05(2)(d).

The assets furnished through a capital budget must be labeled and kept on file in the Contractor's written inventory, which notes the number and description of assets, source of funding, acquisition cost and location of the assets, pursuant to 808 CMR 1.04(5). In addition, the Contractor must follow disposition standards in 808 CMR 1.04(5).

I, _____, an authorized signatory for _____
(the Contractor), hereby certify that the Contractor's capitalization level established for financial statement purposes by the board of directors is: an asset or group of assets of non-expendable personal property having a useful life of more than one year and an acquisition cost of \$_____.

_____ (Signature)

(Title)

(Date)

PURCHASE OF SERVICE - UFR TITLES

UFR Title #	UFR Titles (for a more complete title description, please refer to the UFR Audit & Preparation Manual)
101	Program Function Manager - An individual who has overall responsibility for the management, oversight and coordination of a programmatic functional area within or across programs as in the case of "Medical Director", "Residence Director", "Clinical Director", "Education Director", etc.
102	Program Director - An individual who has overall responsibility for the daily operation of one or more individual programs.
103	Assistant Program Director - An individual who reports directly to the Program Director, acts for the Program Director in his/her absence and functions as an adviser/assistant to the Program Director.
104	Supervising Professional - A credentialed professional (physician, psychiatrist, social worker, nurse, etc) whose primary responsibility is the supervision of fellow credentialed professionals in the daily performance of their programmatic functions.
105	Physician - A Board of Registration in Medicine-licensed or Board eligible physician (including all medical specialties, e.g. dentist, podiatrist except psychiatrist # 121) with either an MD or DO degree whose primary responsibility is delivery or supervision of health/medical care to program participants.
106	Physician's Assistant - An individual registered with the Department of Public Health and functioning in that capacity.
107	Registered Nurse-Master's, Nurse Psychiatric Mental Health Specialist, Nurse Practitioner- An individual who possesses a Master's degree in nursing and/or is licensed with the Board of Registration in Nursing and is functioning in any of the above capacities.
108	Registered Nurse-Non Masters - An individual who is licensed as a registered nurse by the Board of Registration Nursing (both BSNs and others) and is engaged in nursing duties.
109	Licensed Practical Nurse - An individual licensed as a practical nurse by the Board of Registration in Nursing and is engaged in Nursing duties.
110	Pharmacist - An individual licensed by the Board of Registration in Pharmacy and functioning as a pharmacist.
111	Occupational Therapist - An individual registered and licensed as an occupational therapist by the Board of Registration in Allied Health Professionals and who provides occupational therapy.
112	Physical Therapist - An individual registered and licensed as a physical therapist by the Board of Registration in Allied Health Professionals and who provides physical therapy.
113	Speech/Language Pathologist, Audiologist - An individual registered and licensed as a Speech/Language Pathologist or as an Audiologist by the Board of Registration in Speech/Language Pathology and Audiology and provides speech and hearing therapy.
114	Dietitian/Nutritionist - An individual registered as a dietitian by the Commission on Dietetic Registration of the American Dietetic Association or an individual with a Bachelor's or Master's degree in nutrition, who provides nutritional counseling, Education, supervision of meal/menu preparation.
115	Special Education Teacher - An individual certified in special education by the Massachusetts Department of Education and Working in that capacity.
116	Teacher - an individual certified by the Massachusetts Department of Education, other than special education and working in that capacity.
117	Day Care Director - An individual certified by the Office for Children as a Day Care Director and functioning in that capacity.
118	Day Care Lead Teacher - An individual certified by the Office of Children as a Day Care Lead Teacher and functioning in that Capacity.
119	Day Care Teacher - An individual certified by the Office of children as a Day Care Teacher and functioning in that capacity.
120	Day Care Assistant Teacher/Aide - An individual certified by the Office of Children as a Day Care Assistant Teacher/Aide and functioning in that capacity.
121	Psychiatrist - An individual licensed to practice medicine, certified or eligible for certification by the American Board of Psychiatry and primarily involved in rendering or direction psychiatric care.
122	Psychologist - Doctorate- An individual holding a doctoral degree in psychology (including behavioral psychologist and neuropsychologist) or a closely related field, registered and licensed by the Board of Registration of Psychologist and primarily engaged in providing diagnostic evaluations, psychological counseling/therapy or development and implementation of behavioral treatment plans.
123	Psychologist - Master's- An individual holding a Master's degree in psychology (including behavioral psychologist) or a closely Related field and primarily engaged in providing diagnostic evaluations, psychological counseling/therapy or developmental and implementation of behavioral treatment plans.
124	Social Worker -LICSW - An individual registered as a Licensed Independent Clinical Social Worker by the Board of Registration of Social Workers and primarily engaged in providing diagnostic evaluations, psychological counseling/therapy or development and implementation of behavioral treatment plans.
125	Social Worker-LCSW- An individual registered as a Licensed Certified Social Worker by the Board of Registration of Social Workers and providing social work services.
126	Social Worker - LSW- An individual registered as a Licensed Social Worker by the Board of Registration of Social Workers and providing social work services (including casework/counseling).
127	Licensed Counselor - An individual with at least a Master's degree in counseling or a related field who is licensed by the Appropriate Board of Registration and provides counseling services.
128	Certified Vocational Rehabilitation Counselor - An individual certified by the Committee on Accreditation of Rehabilitation Facilities and provides vocational rehabilitation counseling.
129	Certified Alcoholism Counselor, Certified Drug Abuse Counselor, Certified Alcoholism/Drug Abuse Counselor- An individual Registered as either an Alcoholism Counselor, Drug Abuse Counselor or both by the Massachusetts Board of Substance Abuse Counselor Certification and who provides counseling services for substance abusers.
130	Counselor - An individual who provides therapeutic or instructive counseling to program clients/service recipients.
131	Case Worker/Manager - Master's - An individual possessing at least a Master's degree in counseling, or a closely related Discipline, providing casework/case management services including service eligibility determination, service plan development, Service coordination, resource development advocacy, etc.

132	Case Worker/Manager - An individual , providing casework/case management services including service eligibility determination, Service plan development service coordination, resource development advocacy, etc.
133	Direct Care/Program Staff Supervisor - A staff member whose primary responsibility is the supervision of nonprofessional or paraprofessional direct care/program staff in the performance of their programmatic functions or whose duties involve significant responsibility for program operations or logistics. A supervisor in this component may also perform direct client care.
134	Direct Care/Program Staff III - Staff, other than those described above, requiring a doctoral or Master's degree, specific Credentials or licensure, significant experience, or specialized skills, who are responsible for the general daily care of program clients/service recipients or for primary program service delivery.
135	Direct Care/Program Staff II - Staff, other than those described above, requiring a Bachelor's degree, experience or specific skills who are responsible for the general daily care of program clients/service recipients or for primary program service delivery.
136	Direct Care/Program Staff I - Staff, other than those defined above, who are responsible for the general daily care of program clients/service recipients or for primary program service. This includes relief employees on payroll.
137	Program Secretarial, Clerical Staff - Individuals required to carry on direct program clerical activities such as program or client Record keeping.
138	Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Drive, Cook - Individuals who carry our direct Program activities for client health and safety.
139	Direct Care Overtime Expense paid pursuant to the U.S. Fair Labor Standards Act of 1938 and Minimum Fair Wage Law of MGL Chapter 151.
140	Shift Differential Salary Expense incurred for providing on call services and working during late night and early morning shifts.
141	Relief Staff Expense for payments to an individual (not an employee of the organization employed to provide same type of employment service as relief staff services) or organization to provide direct care services on a temporary basis.
150	Payroll Taxes - Employer's share of FICA, MUCIA, Worker's Compensation Insurance, FUTA (in the case of for-profit Providers) and other payroll taxes paid by the employer on the direct care/program staff listed in category 1 on the budget.
151	Fringe Benefits - Life, health and medical insurance, pension and annuity plan contributions, day care, tuition benefits and all other non-salary/wage benefits received by direct care/program staff listed in category 1 on the budget.

01/17/01